

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 193
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Daniel Brown

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth II/24/28
Month Day Year

8. FATHER
Full name Victor Brown
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.
10. Color or race Apache
4/4 Indian 11. Age at last birthday 28 (Years)
12. Birthplace (city or place) San Carlos,
(State or country) Ariz.
13. Occupation Common labor
Nature of industry Common labor

14. MOTHER
Full maiden name Bell Cleveland
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.
16. Color or race Apache
4/4 Indian 17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Miami,
(State or country) Ariz.
19. Occupation housewife
Nature of industry housewife

20. Number of children of this mother _____
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn _____
Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

report
I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer M.D.
(Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.
supplemental report _____

Month, day, year _____ Filled _____, 19 _____ C. H. Sawyer Registrar

Registrar

Registrar

425-1124-234

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File